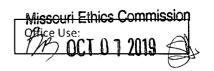


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 09/30/19 C00	0824	2-3
_	Type: \square New \blacksquare Amended (if amending, enter MEC ID \bigcirc	0824 & section cha	anged)
2.	Civic Progress Action Committee		
	4240 Duncan Avenue, Suite 200, St.	Louis, MO 63110	(314) 259-2897
	Committee Mailing Address. City State & 7in	St. Louis City Board of	Felephone Number Election Commissioners
	144 - 145	St. Louis City Board of	Liection Commissioners
	Committee Type: ☐ Campaign ☐ Candidate	PAC) 🗆 Debt Service 🗀 Expl	oratory 🗌 Political Party
3.	Treasurer/Deputy Treasurer Information		
	Timothy G. O'Connell		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	244 250 2007
	211 North Broadway, Suite 3600, St. Louis, MO 63102-2750 Treasurer's Mailing Address, City, State, & Zip	() Treasurer's Home Telephone Number	(314) 259-2897 Treasurer's Work Telephone Number
	Treasurer 3 Maining Address, City, State, & Elp	reasurer s rionie releptione Number	reasurer s work rerepriorie realiser
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	A JON, ST.C. OT. DOTTE DO. OR LITTLE OF THE LAND.	A-1/2	City Chats 0 7
	Additional Confinite of the real state (Itany)	Additional Committee Officer's Mailing Addr	ess, city, state, & zip
	Connected Organization's Name ((Fany)	Connected Organization's Mailing Address, O	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	? Yes (refer to instructions on	back) 🗆 No
5.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
		()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees)	must complete this section)	
	Name of Bailot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all com	mittees)	
I affirm and attest under penalty of perjury that information and facts in this report are			
	further acknowledge that I am aware that any false statement or	declaration made herein is pun	ishable under Ch. 575 RSMo.
<	Complete Trasurer	Candidate (Candidate Committees Only)	